

Entry of this Amendment is respectfully requested; and the Examiner is invited to call the undersigned attorney should any questions arise.

Applicants do not believe that any fees are due in connection with this submission. However, if such petition is due or any other fees are necessary, the Commissioner may consider this to be a request for such and charge any necessary fees to deposit account 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By 

Joseph R. Jordan, Reg. No. 25,686

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~~OK to Enter~~

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United States Patent & Trademark Office

Credit Card Payment Form

Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: Visa MasterCard American Express Discover
 Credit Card Account #: 5163 2300 0108 9692
 Credit Card Expiration Date: 10/02
 Name as it Appears on Credit Card: ANNUNZIATA M. MAGGIO
 Payment Amount: \$(US Dollars): \$ 640.00
 Signature: James Maggio Date: 30/09/02

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card product.
Service Charge: There is a \$6.00 service charge for processing each payment refused (including a check returned "uncashed" or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: 3/287 VICTORIA ROAD
 Street Address 2: THORNBURY
 City: MELBOURNE
 State: VICTORIA Zip/Postal Code: 3071
 Country: AUSTRALIA
 Daytime Phone #: (03)94328325 Fax #: (03) 9432 8327

Request and Payment Information

Description of Request and Payment Information:

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. <u>09/554,222</u>	Application No.	Serial No.	IDON Customer No.
Patent No. Confirmed <u>6504</u>	Patent No.	Registration No.	
Attorney Docket No. <u>13263.143W0</u>		Identify or Describe Mark	

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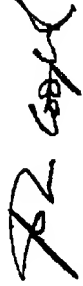
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FROM: JOHN COOPER
FAX: 03-9432-8327
DATE: 30.9.2002
PAGE: 1 OF 3

DETAILS

HEREBY CERTIFY THAT THIS CORRESPONDENCE IS
BEING FAXED TO THE ASSISTANT COMMISSIONER FOR PARENTS,
WASHINGTON DC 20231 ON 30.9.02.

PRINT NAME: JOHN M. COOPER
SIGNATURE: 
DATE: 30.9.02

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